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**FEE TRANSMITTAL**  
**For FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

\$54.00

**Complete if Known**

Application Number 09/605,266

Filing Date June 28, 2000

First Named Inventor Rama Akella

Examiner Name Janet L. Andres

Art Unit 1646

Attorney Docket No. SBI-066

**METHOD OF PAYMENT (Check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number: 03-2769

Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee	Large Entity Code (\$)	Small Entity Fee	Small Entity Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	\$
1002	340	2002	170	Design filing fee	\$
1003	530	2003	265	Plant filing fee	\$
1004	770	2004	385	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$

**SUBTOTAL (1) \$****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
29	26 = 3 x	18.00	= \$54.00
Independent Claims	3 = x	86.00	= \$
Multiple Dependent		290.00	= \$00.00

Large Entity Fee	Large Entity Code (\$)	Small Entity Fee	Small Entity Code (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent Claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) \$54.00**

\*\* or number previously paid, if greater; For Reissues, see above

**SUBMITTED BY**

Name (Print/Type)

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Signature

Carol G. Mintz

Date

June 4, 2004

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.**

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/605,266
	Filing Date	June 28, 2000
	First Named Inventor	Rama Akella
	Art Unit	1646
	Examiner Name	Janet L. Andres
Total Number of Pages in This Submission	Attorney Docket Number	SBI-066

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b>  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> <b>Amendment/Reply</b>  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b> <ul style="list-style-type: none"><li>• Diskette (electronic Sequence Listing)</li><li>• Sequence Listing – paper copy (5 p.)</li><li>• Sequence Listing Statement (1 p.)</li><li>• Postcard</li></ul>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Or Individual Name	Carol G. Mintz		
Signature			
Date	June 4, 2004		
CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or Printed Name	Fran Hampton		
Signature		Date	June 4, 2004

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